STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077		
1. TITLE OF NEWSPAPER BRYANT DAKOTAN		2. DATE 9 - 28 - 18
3. FREQUENCY OF ISSUE 3A. NO. OF ISSUES PUBLIS WEEKLY 50	PRICE	00.00
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code)		
(Not printers) 19242 SAUDER AVE, PO BOX 127, BRYANT, SD 57221-0127 5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE		
PUBLISHER (Not printers) 19242 SAUDER AVE, PO BEX 127 BRYANT, SD 57221-0127		
6. FULL NAME OF PUBLISHER: STEPHANIE J. SAUDER		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. FULL NAME COMPLETE MAILING ADDRESS		
STEPHANIE J. SAUDER	Ph Box 94 DOV	MAITEN 57771
STEPHANIE J. SAUDER PO BOX 94, BRYANT, SD 57221 8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING I PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form. N/A		
9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A.TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	400	400
 B.PAID AND/OR REQUESTED CIRCULATION Sales through dealers and carriers, street vendors, and counter sales. 	30	36
Mail Subscription (Paid and or requested)	327	333
3. Paid Electronic Copies	-0-	-0-
C.TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	357	369
D.FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS	9	11
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	0	10
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	366	390
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	34	10
2. Return from News Agents	-0-	-0-
G.TOTAL (Sum of E, F1 and F2 - Should equal total shown in A.)	400	400
Statement must be signed by Publisher, Business Mana, I swear that the statements made by me are true, of the Signature of th	ger, or Owner in the present correct, and complete:	The state of the s
	Sworn to before me this 48 day of September 18 HUSTIL SILLOWK	
County of Hamlin)	Notary Public	
(Seal) KRISTIE SIKKINK & My commission expires: 2/9/23		

Form: SOS REC